

**ONCE YOU ARE READY FOR AN ORS
INSPECTION ONLY THEN**

**PLEASE MAIL THE COMPLETE APPLICATION
PACKAGE TO:**

**OFFICE OF REGULATORY SERVICES
PERSONAL CARE HOME PROGRAM
2 PEACHTREE STREET, NW
SUITE 31-447
ATLANTA, GEORGIA 30303-3167**

**NOTE: Owner signing line #15 on the PCH
application form or line #16 on the CLA
application form will need to submit the Affidavit
RE: Personal Identification
(completed and notarized)
with the application materials.**

For acceptable forms of identification
Read:
List B "Documents That Establish Identity"
Found in this application package.

**YOU CAN OBTAIN INFORMATION ABOUT
ORS TRAINING ONLINE AT
www.ors.dhr.georgia.gov**

CLA STEPS FOR SUCCESSFUL APPLICATION

General Information:

1. Become familiar with the Rules and Regulations for Community Living Arrangements, Chapter 290-9-37 and all applicable laws and regulations.
2. Review the Licensing Application Package.
3. Become familiar with local and state ordinances, where applicable. Examples may include fire, zoning, building and health regulations. IF THE HOME IS SERVED BY WELL WATER OR A SEPTIC TANK YOU MUST CONTACT THE COUNTY HEALTH DEPARTMENT TO CONDUCT A WATER TEST OR SEPTIC TANK APPROVAL
4. Select a site and plan the residence.
5. Conduct the Compliance Self Test to ensure that you meet the rules and are ready for an initial inspection.
6. Submit the completed initial application package (described below in I. A through M). Submit a map and detailed directions to the residence with the initial application package.
7. When you receive your permit you can begin operation.

I. STEPS FOR COMPLETING AN INITIAL APPLICATION FOR A NEW RESIDENCE/HOME:

A. The Application Form

What ORS checks:

1. Verify the telephone is listed
2. Legal documentation of ownership
 - a. If a corporation – include Certificate of Incorporation and Articles of Incorporation for all corporations having an interest in the home
 - b. If a Partnership – include Partnership Agreement
 - c. If a Limited Liability Company (LLC) – include Certificate of Organization and Articles of Organization for all LLCs having an interest in the home
 - d. If a Non-Profit – include documentation of Non-Profit status [501(c)3]
3. A list of who owns 10% or more interest in the residence/home or in each corporation, L.L.C., etc.
4. Use the back of the application to provide ORS with a map and directions to your residence
5. Submit a letter of verification signed by a MHDDAD Regional Office representative

B. Submit Affidavit of Personal Identification completed by the owner of the home and notarized

C. Submit Warrant Deed / Bill of Sale or Lease Agreement or recent mortgage statement. The document must show the address of the residence

D. Fire Safety Inspection

What ORS checks:

1. Inspection Report that verifies the residence is in compliance with NFPA 101 Life Safety Code
2. The report is free of violations
3. Number of residents approved by the inspector
4. Report is signed and dated
5. The State governs CLA homes with 7 or more residents. If you have questions regarding the appropriate fire authority, contact the State Fire Marshall's office at (404) 656-7281.

E. Electrical Inspection (See Attachment #I for Inspection Form)

What ORS checks:

1. The inspection is signed and dated 6 months or less from the application date
2. A statement that the residence meets all applicable codes and is free of electrical hazards
3. The report is free of violations
4. The State license number of the electrician (ORS verifies with the Secretary of State)

F. Floor Plan (See Attachment #II for Example)

What ORS checks:

1. Complete floor sketch showing
 - a. Windows, doors and bedroom measurements
 - b. Bed placement for residents, family and staff
 - c. Label bathrooms as full bath or half bath
2. ORS reviews
 - a. Residence layout and room sizes
 - b. Number of toilets and bathing facilities
3. Blue prints are allowed if they provide all required information as noted above and are legible

G. Owner Survey Form (See Attachment #IV for Form)

What ORS checks:

1. Each owner (10% or more interest) is listed
 - a. Social Security Number, Date of Birth and Percent ownership
 - b. A satisfactory fingerprint check and criminal record check
 - c. Form should be signed by the governing body representative

H. Criminal Records (See Memo dated 4/15/08 and Fingerprinting Process Using COGENT for instructions)

What ORS checks:

1. A fingerprint record check is required for each administrator and/or site manager, each owner (owning 10% or more of the residence) and employee of the home. For faster processing of your application, please submit a

- local criminal records check for each individual required in the application package
2. A Live Scan done at the specified DHR-DFCS offices or through a COGENT/GAPS location must be completed AFTER the application has been submitted to ORS.
 3. If you have had a criminal records check in the past for child care or you have had a criminal records check at another community living arrangement or a personal care home that is more than one year old, you must repeat it for the community living arrangement
 4. If you are an owner (10% or more ownership) of a community living arrangement, you must complete the criminal records check as an owner- even if you have had a criminal records check as an administrator
 5. Please refer to the memo "*Fingerprint Records Checks and the Elimination of Manual Fingerprint Cards*" and "*Fingerprinting Process Using COGENT*" for instructions. Contact numbers with questions regarding this process should be addressed at these numbers only after reading the instructions.

COGENT representative – 1-888-439-2512
GBI, Evelyn Richardson – 404-270-8648
GBI, Donna Harrison – 404-270-8650
OIS, Corella Moton – 404-463-1884

Note: Before a permit can be issued, proof of the completed COGENT Live Scan or Live Scan at specified DHR-DFCS offices must be completed

- I. Well Water and Septic Tank Inspection/Approval (Form Provided)
 1. Submit written approval of the water source if from other than a city or county water system
 2. Submit written approval from the County Health Department for the sewage disposal system, including the number of persons the system is approved to serve, if other than a city or county sewage system
 3. If on a city or county water system, submit a copy of the previous month's water/sewer bill
- J. Develop and submit a copy of the required policies and procedures with your application (Note: These documents will not be returned.) (POLICIES AND PROCEDURES MUST BE DEVELOPED PRIOR TO GRANTING A PERMIT)
 1. Refer to the Community Living Arrangements Policies and Procedures Checklist in the application package
- K. Submit a copy of the Admission Agreement to be used by the residence
- L. Submit a copy of the Disaster Plan to be used by the residence and a completed Disaster Plan Overview
 1. Refer to Disaster Preparedness Plan checklist in the application package
- M. ORS Inspection
This inspection will be scheduled after A through M (as applicable) have been submitted to ORS

NOTE: Please ensure that items A-M are complete prior to requesting the initial inspection. Any follow-up visit required may delay the issuing of the permit.

II. APPLICATION FOR CHANGE IN GOVERNING BODY

Submit A – H below:

- A. The Application Form
 - 1. Indicate the name of the previous governing body/owner
 - 2. Indicate the name of the new governing body/owner
 - 3. Legal documentation of ownership
 - a. If a corporation – include Certificate of Incorporation and Articles of Incorporation for all corporations having an interest in the home
 - b. If a Partnership – include Partnership Agreement
 - c. If a Limited Liability Company (LLC) – include Certificate of Organization and Articles of Organization for all LLCs having an interest in the home
 - d. If a Non-Profit – include documentation of Non-Profit status [501(c)3]
- B. Affidavit of Personal Identification completed by the owner of the home and notarized
- C. Warranty Deed, Bill of Sale, Lease Agreement or other legal document that shows the address of the facility
- D. Owner Survey Form (See Attachment #IV for Form)
What ORS checks:
 - 1. Each owner (10% or more interest) is listed
 - 2. Social Security Number, Date of Birth and Percent ownership
 - 3. A satisfactory fingerprint check and criminal record check
 - 4. Form should be signed by the governing body representative
- E. Letter of verification signed by MHDDAD Regional Office Representative
- G. Criminal Records (See Memo dated 4/15/08 and Fingerprinting Process Using COGENT for instructions)
What ORS checks:
 - 1. A fingerprint record check is required for each administrator and/or site manager, each owner (owning 10% or more of the residence) and employee of the home. For faster processing of your application, please submit a local criminal records check for each individual in the application package
 - 2. A Live Scan done at the specified DHR-DFCS offices or through a COGENT/GAPS location must be completed AFTER the application has been submitted to ORS.
 - 3. If you have had a criminal records check in the past for child care or you have had a criminal records check at another community living arrangement or a personal care home that is more than one year old, you must repeat it for a community living arrangement

4. If you are an owner (10% or more ownership) of a community living arrangement , you must complete the criminal records check as an owner- even if you have had a criminal records check as an administrator
5. Please refer to the memo "*Fingerprint Records Checks and the Elimination of Manual Fingerprint Cards*" and "*Fingerprinting Process Using COGENT*" for instructions. Contact numbers with questions regarding this process should be addressed at these numbers only after reading the instructions.

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Note: Before a permit can be issued, proof of the completed COGENT Live Scan or Live Scan at specified DHR-DFCS offices must be completed

- H. Plan of correction if there are any violations cited on the last Inspection Report.

III. APPLICATION FOR CHANGE IN NAME OF GOVERNING BODY

The Application Form

1. Indicate the previous name of the governing body
2. Indicate the new name of the governing body
3. Submit legal documentation of ownership
4. Owner Survey Form

IV. APPLICATION FOR A CHANGE IN THE NAME OF THE RESIDENCE

The Application Form

1. Indicate the new name of the Community Living Arrangement
2. Indicate the old name

V. APPLICATION FOR CHANGE IN ADDRESS OF THE RESIDENCE (NOT LOCATION)

The Application Form

1. Include the new address
 2. Include the old address
 3. Submit documentation regarding why the address has changed
- ORS will verify with the Post Office that the home has not changed location

VI. APPLICATION FOR A CHANGE IN LOCATION OF THE RESIDENCE Treat as an application for a new residence (See I. A through M)

VII. APPLICATION FOR AN INCREASE IN CAPACITY Submit A – G below:

- A. Complete the Application Form as you would for a new residence
 - 1. Include the new capacity
 - 2. Include the old capacity
- B. Letter of verification signed by MHDDAD Regional Office
- C. Fire Safety Inspection
 - 1. Indicating compliance with NFPA 101 Life Safety Code
 - 2. No violations on the report
 - 3. Capacity occupant load indicated by the inspector
 - 4. Report is signed and dated
 - 5. If you have any questions regarding the appropriate fire authority contact the State Fire Marshall's office at (404-657-7281)
- D. Electrical Inspection (See Attachment #1 for Inspection Form)
Necessary only if the home has had structural changes since receiving initial permit. (If necessary follow instructions as for an initial application (See I E))
- E. Floor Plan (See Attachment #II for Example)
Submit an updated floor plan showing where the additional residents will reside. Follow instructions as for an initial application (See I F)
- F. Septic Tank Inspection/Approval (See Attachment #IV)
Follow directions as for an initial Application (I J)
- G. ORS Inspection
This inspection will be scheduled after A-F are complete (as applicable) and have been submitted to ORS

VIII. APPLICATION FOR A CLA PERMIT IF RESIDENCE IS CURRENTLY PERMITTED AS A PERSONAL CARE HOME

- A. Complete the Application Form as you would for a new home
- B. Complete and have signed the Letter of Verification by the MHDDAD Regional Office.

OWNER'S SURVEY FORM
PERSONAL CARE HOME/COMMUNITY LIVING ARRANGEMENT

Name of Facility:_____ County:_____

Mailing Address:_____ City:_____ Zip:_____

NAME OF OWNER(S)	DATE OF BIRTH	SOCIAL SECURITY #	PERCENTAGE OWNERSHIP

Owner's Signature:_____

Date:_____



B.J. Walker, Commissioner

Georgia Department of Human Resources • Office of Regulatory Services • Personal Care Home Program
Two Peachtree Street, NW • Suite 31-447 • Atlanta, Georgia 30303-3167 • (404) 657-4076 • FAX (404) 657-3655

Office of Regulatory Services
2 Peachtree Street, N.W.
Suite 31.447
Atlanta, Georgia 30303-3167

RE: VERIFICATION OF CLA

Residence Name _____

Street Address _____

City, County, Zip Code _____

Telephone Number _____

Governing Body _____

To be completed by MHDDAD Regional Office Representative:

Dear ORS:

This is to verify that the above named residence meets the definition of a Community Living Arrangement as defined in the Rules and Regulations for Community Living Arrangements, Chapter 290-9-37:

Number of MHDDAD consumers authorized to reside in CLA _____

MHDDAD Regional Office _____

Print Name and Title _____

Signature _____

Telephone Number _____ Date _____

“Community Living Arrangement” means any residence, whether operated for profit or not, that undertakes through its ownership or management to provide or arrange for the provision of daily personal services, supports, care, or treatment exclusively for two or more adults who are not related to the owner or administrator by blood or marriage and whose residential services are financially supported, in whole or in part, by funds designated through the Department of Human Resources, Division of Mental Health, Developmental Disabilities, and Addictive Diseases.

**CORPORATION DOCUMENTS TO BE SUBMITTED FOR ALL
CORPORATIONS HAVING AN INTEREST IN THE RESIDENCE**

CORPORATIONS:

Certificate of Incorporation
Articles of Incorporation

LIMITED LIABILITY COMPANY

Certificate of Organization
Articles of Organization

LEGAL PARTNERSHIP

Partnership Agreement

NON-PROFIT

Documentation of Non-Profit Status (501(c)3)

NOTE: Also submit names, addresses and telephone numbers of ALL persons having a 10% or more interest in the residence.

ELECTRICAL INSPECTION COMPLIANCE FORM

NAME of HOME: _____

ADDRESS: _____

OWNER: _____

OWNER'S CURRENT ADDRESS: _____

OWNER'S PHONE #: _____

TO BE COMPLETED BY THE ELECTRICIAN

I, _____ have inspected the electrical system at the above listed home and have determined that the electrical system is maintained in a safe condition and is free of hazards.

Signature: _____

Printed Name: _____

Date of Inspection: _____

Georgia State License #: _____

Phone #: _____

Water and Septic Tank Report Form

Water and sewage systems must meet applicable federal, state and local standards or regulations. This report form should be completed by the County Environmentalist from the County Public Health Department in which the residence is located. The form should be included in your application package submitted to ORS.

To be completed by applicant:

Home Name: _____

Address: _____ City: _____

County: _____ Telephone: _____

To be completed by the County Environmentalist:

WATER (check only one):

_____ The home's water supply is from an approved source.

_____ The home's well has been tested and the report is attached.

SEWAGE (check only one):

_____ The home is connected to a public or community sewage disposal system.

_____ The home is served by an on-site sewage system adequate for the proposed use for _____ residents.
Maximum Number of Residents

County Environmentalist: _____
Print Name

Signature: _____ Date: _____

STATE OF GEORGIA)
)
COUNTY OF _____)

AFFIDAVIT RE: PERSONAL IDENTIFICATION
FOR LICENSURE/REGISTRATION

PERSONALLY APPEARED before the undersigned officer, duly authorized to administer oaths, came the undersigned, who after having been duly sworn, states under oath, the following:

1. That my name is _____ and that I am who I say I am;
2. That my address is _____;
3. That I have presented sufficient personal identification to the notary that is true and accurate;
4. That I am legally in the United States of America;
5. That I am applying to the Georgia Department of Human Resources, Office of Regulatory Services, to operate a business/activity to be located at the following address:
_____ that is subject to regulation by the Department of Human Resources; and that this affidavit is a material part of the application; and
6. That if the Department subsequently determines that the material information contained in this affidavit is false, I will be in violation of licensing/registration requirements, which may result in revocation of my license or registration.

Sworn to and subscribed before me)

This _____ day of _____, _____.)

)

)

)

)

Affiant

NOTARY PUBLIC)

STATE OF GEORGIA)

My commission expires: _____.

List B

Documents That Establish Identity

For individuals 18 years or older:

- Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
- ID card issued by federal, state or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address (including U.S. Citizen ID Card [INS Form I-197] and ID card for use of Resident Citizen in the U.S. [INS Form I-179])
- School identification card with a photograph
- Voter's registration card
- United States military card or draft record
- Military dependent's identification card
- United States Coast Guard Merchant Mariner Card
- Native American tribal document
- Driver's license issued by a Canadian government authority

Source: http://uscis.gov/graphics/lawsregs/handbook/hand_emp.pdf US Handbook for Employers, page 23.